

ARIZONA'S "HOME OF YOUR OWN" INITIATIVE

A collaborative effort between the Governor's Council on Developmental Disabilities, the Department of Economic Security, Division of Developmental Disabilities and the Arizona Department of Commerce

HOME OWNERSHIP TECHNICAL ASSISTANCE APPLICATION

Instructions:

1. Please type or print clearly.
2. Keep all answers short and to the point.
3. Do not leave any sections blank. If you have questions, call Miriam Podrazik at (480) 941-4501, who will provide assistance in completing the form.
4. Applications may be submitted by **individuals** or **households**. Any application submitted by two or more individuals who want to co-own property, must demonstrate that at least one of the occupying applicants has a disability.

Please make a copy of your completed application to keep with your records. *(This is especially important if more information is needed after your application is reviewed.)* Mail the completed application to:

Miriam Podrazik, State Planner
3049 N. 60th Street
Phoenix, Arizona 85018
(480) 941-4501
After 4:00 PM

Equal Opportunity Employer/Program
For alternative format/reasonable accommodations: (602) 542-4049

APPLICATION

Section A: Background Information

PERSON # 1

Date of Application: _____

Name: _____

Phone No.: _____

Mailing address: _____

Contact person: _____

Phone No.: _____

Do you have a disability? Yes ____ No _____. If yes, please describe the **nature of your disability:**

Date of birth: ____ / ____ / ____.

Are you a first homebuyer? Yes ____ No _____. If no, do you currently own a home? Yes ____ No ____

Eligibility for special loan programs is based on total household income.

Number of persons who will be living with you if you purchase a home: _____

What are you currently paying for rent? \$ _____

Do you have a **legal representative (guardian or conservator)**? Yes ____ No _____. If yes, please complete the section below. *(Parents are legally responsible for decisions for their child up until the age of 18 or until they apply for guardianship. At 18 all persons are presumed to be "competent" enough to be able to make important decisions about their lives.)*

If yes, please describe: _____

Name of legal representative(s): _____

Mailing address: _____

Phone No.: _____

If yes, guardian name: _____

Type of guardianship: Full ____ Limited ____

If you have a **guardian or conservator**, they must also sign this application on page 4.

Section B: Home Ownership Questionnaire

If you need more space to answer questions, please use the attached sheets and clearly mark the question number. For example: 4b. Continued.

1a. Tell what you have done to date to own you own home. If you have never tried, tell us why not.

1b. Do you have people who can assist you through the home ownership process? Yes ____ No ____
If yes, explain:

1c. What town or city would you like to live in? For example: Casa Grande.

Town/City: _____

1d. What kind of a home would you like to live in? (*Please check one*)

_____ Single family home

_____ I'm not sure

_____ Duplex

_____ Other-Please specify: _____

_____ Condo

2. If you decide to apply for a mortgage, you will have to meet the requirements of the lender, including using some of your own money towards the down payment. To help get started, please give us your average monthly income and/or other assets for the last month by completing the following. Be sure to include information related to **income** (*wages, personal injury awards, trust fund moneys or interest, etc.*), **entitlements** (*food stamps, social security, veterans benefits, etc.*), and/or **assets** (*cash gifts from family members, cash assistance from nonprofit groups, etc.*) that can be applied towards home ownership and long-term maintenance.

INCOME CERTIFICATION

Person 1 Source of Income	Gross Amount for 1 Month	Person 2, or Other Member of Household Income Name:	Gross Amount for 1 Month
Employment-before tax income	\$_____	Employment-before tax income	\$_____
Aid to Families with Dependent Children	\$_____	Aid to Families with Dependent Children	\$_____
Social Security Insurance	\$_____	Social Security Insurance	\$_____
Social Security (SSDI)	\$_____	Social Security (SSDI)	\$_____
Pension/Retirement	\$_____	Pension/Retirement	\$_____
Disability Benefits	\$_____	Disability Benefits	\$_____
Unemployment Compensation	\$_____	Unemployment Compensation	\$_____
Rental Income	\$_____	Rental Income	\$_____
Child Support	\$_____	Child Support	\$_____
Alimony	\$_____	Alimony	\$_____
Interest Income	\$_____	Interest Income	\$_____
Other: Specify	\$_____	Other: Specify	\$_____
Other: Specify	\$_____	Other: Specify	\$_____
Other: Specify	\$_____	Other: Specify	\$_____
Total Gross Income	\$_____	Total Gross Income	\$_____

How long have you been employed?

Other information: _____

This project will not have any money available for services and supports you may need to live successfully in your own home. One example might consist of having someone come in to help you get up in the morning or someone to teach you to grocery shop and cook your own meals. To help us determine if you have the service and support you **will need** or if the services and support you will need are available please complete sections **4a**, **4b**, and **4c**. *(These services and supports need to be in place to be eligible or will be available upon closing of home during purchase and long-term maintenance.)*

4a. Current Services and Support – Include all services and supports that you pay for, are paid for by other resources; e.g. Medicaid, as well as help or support you can count on from your community *(through family, friends, club memberships, etc.)*.

Service/Support	Who Provides It	Funding (if applicable)

Attach additional pages if needed.

4b. If you will need services and supports that you do not currently have in order to live successfully in your own home, please list them below. Also, indicate if this is a service or support that you will be able to arrange for on your own or if you will need assistance from the project in finding resources.

Service/Support	Can Arrange For	Need Help

Attach additional pages if needed.

4c. I am not sure of what services and supports I will need and would like help in determining those needs.

Yes ____ No ____

[illegible]